

Please fill out and return to George today!

SERVICE AGREEMENT

UTAH STATE OFFICE OF EDUCATION
250 East 500 South
Salt Lake City, Utah 84111

AGENCY NO. _____

PURCHASE DELEGATION NO. _____

ATTN: Susan McRay

THIS AGREEMENT entered into this _____ day of _____ between the UTAH STATE OFFICE OF EDUCATION hereinafter referred to as USOE and:

Name: _____

Address: _____
Street City State Zip

Commodity Code: _____ (Vendor No.)* **000TEA**

hereinafter referred to as the "Contractor", for the purpose of providing to USOE temporary

Professional or technical services as follows: Stipend for "Contractor" e.g. Ednet Teacher, Facilitator, Coordinator, or Administrator to attend Ednet Faculty Training for 8 hours. It is understood that the participant is currently **NOT** on any other salary contract by the local school district, College, or University at the time of training. Rate to attend training is **\$50/Day**.

Services are to begin 6/1/2005 and will end 6/30/2005 Payment is to be made as follows:

SERVICES:	RATE	_____	Per	_____	_____
TRAVEL:	RATE	_____	Per	_____	\$ -
LODGING/MEALS:	RATE	_____	Per	_____	\$ -
MATERIALS:	RATE	_____	Per	_____	_____

TOTAL PAYMENT NOT TO EXCEED: _____

It is understood the Contractor is not an employee of the State of Utah and the Contractor will be responsible for all FICA, withholding tax, and/or any other payroll tax obligations.

It is further understood this agreement is subject to required State approval prior to becoming effective.

**Use Vendor # 000TEA for Stipends \$1-\$600; for all Stipends over \$600, request a unique Vendor Number.*

IN WITNESS WHEREOF signatures of parties are affixed hereto:

SIGNATURE: CONTRACTOR

SIGNATURE: UTAH STATE OFFICE OF EDUCATION

BY X
(SIGN IN ANY COLOR INK EXCEPT BLACK)

BY: _____
Patti Harrington
State Superintendent

SSN X

INSTRUCTIONS: CHECK ONE PAYMENT TYPE ONLY.

PARTIAL PAYMENT:

_____ The conditions of the agreement under which these services were rendered are being satisfactorily fulfilled and a progress report has been received.

Partial Payment: _____ Date: _____ Amount: \$ _____

FULL PAYMENT:

_____ The conditions of the agreement under which these services were rendered have been satisfactorily fulfilled and any products to be produced have been received.

Full Payment Date _____ Amount: \$ _____ George T. W. Miller Jr. Distance Education Specialist, USOE
Project Monitor

(SIGN IN ANY COLOR INK EXCEPT BLACK)

If you need to mail this form, please send to: George Miller, Distance Education Training Specialist, Utah State Office of Education, Box 144200, Salt Lake City, Utah 84114-4200 (Do not fax)